



HealthPOWER!



PREVENTION NEWS

January 2004

Veterans Health Administration

From the Director's Desk...

"Oh yeah, nuthin's changed..."

...only if TIME HAS STOPPED!! It's a New Year, and it's a good occasion to assess what the NCP has done in Calendar Year 03, and where we are going this year. We've had the usual re-organization, staffing changes, additions and deletions of projects, and even a name change (actually, same name, just changed our alphabet soup acronym "NCHPDP" to "NCP"). Since JAN 03 (CY 03), as a quick run down of the Center's accomplishments, we have done the following:

Flu Program. Wrote and staffed the 03 Flu Directive; Collected feedback from facilities regarding the NCP's 2002 combined VA/CDC Flu/Pneumococcal vaccine toolkit; Convened the flu/pneumo vaccine working group and revised the toolkit to reflect improvements.

Weight Management. Wrote and completed the tortuous staffing of the VA Weight Management/Physical Activity (MOVE!) initiative; Held the first NCP MOVE! training course for providers; Established and helped coordinate 16 pilot sites for the MOVE!; Held the first VA National Executive Advisory Council for the VA Weight Management/Physical Activity initiative; Organized with RT, PT, OT to begin regular meetings for the VA Physical Activity Subcommittee; Obtained hundreds of pedometers with MOVE! logos to begin distribution throughout VA sites; With guidance and assistance from PCS Prosthetics,

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Weight Management Executive Council Meets



See page 13 for full article

From the Chief of Staff

VA Employee Wellness Programs: Then, Now and Beyond...

The VAnational Center for Health Promotion and Disease Prevention (NCP) surveyed VA facilities early last spring regarding the existence of employee wellness programs. These results were reported in the August 2003 issue of the HealthPOWER! Prevention News. The results were also presented at the Senior Management Conference in Chicago last July and were enthusiastically received by VHA leadership. The 2003 survey found that 37% of the 62 medical centers that responded had a wellness program in operation and an equal percentage had wellness committees in place. The high degree of innovation among these programs was impressive as was their variability.

The 2003 employee wellness survey generated a firestorm of interest. Since that time, the NCP has been deluged by responses, inquiries, and requests about establishing employee wellness programs throughout the VA. The energy and enthusiasm reflected in these re-

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sponses was truly remarkable. Respondents wanted to know about the existence of other programs and details about what those programs offer, how they were established, who is involved, incentives for employee participation, etc. Several long email strings were generated with lively exchanges of information. There was strong interest in making services now offered only to patients available for staff. Among others, smoking cessation treatment, weight management and stress control programs were mentioned. Some sites described how wellness information distributed by the NCP is currently being used for staff, volunteers, family, and visitors. Fitness activities for

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NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for "All Things Prevention", to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

Visit our Website at www.vaprevention.com

A Letter to the Editor -

We appreciate and welcome feedback from our readers. If you have any comments regarding an article that you read in the HealthPOWER! Prevention News, please submit them to the Editorial Staff (Connie Lewis - Editor [connie.lewis@med.va.gov]; Rosemary Strickland - Assistant Editor [rosemary.strickland@med.va.gov]).

Dear Dr. Yevich,

I want to congratulate you on such a wonderful article, "The Fatal Gap," in the Health Power Prevention News.

Prevention is a foreign term to so many individuals, a bad word for some, as it usually means doing something about the beer guts. The thought of moving, getting up from the Lazy Boy chair, is unfathomable. Remote control devices, mass transportation, high tech inventions, fast food, which are to assist us in our rushed daily lives, have contributed greater harm, as has the automobile.

Are we all guilty of taking advantage of these conveniences? Of course we are. The key, however, is "moderation." But what is moderation? It's relative to the individual. Moderation for one could be eating a 15-20% fat diet daily, bingeing one day a week on "bad foods" and a day off from exercising. For another, it could be one less bag of chips, or a diet Coke to accompany their Biggie-sized triple bacon cheeseburger deluxe, and one day of walking around their 1/2 mile block.

While I agree that physicians and clinicians should help people take control of their lives, I am a strong believer that personal responsibility is the issue. I believe behavioral modification is an important component to any recovery, rehabilitation plan. Being fit, taking care of oneself, gives one a sense of autonomy, a sense of control. This is crucial especially for anyone who feels like their life may be spiraling away from them, that the Fates have it "out for them." So why fight it, especially when it's so comfortable to sit down in that easy chair, kick off your shoes and do some channel surfing while you down that meat combo pizza and beer? It's the difficult workday, the "ass" for a boss, the bills, the stress and strife from the average workday. Why not indulge? It's the least I can do for myself, considering my life's a freakin' mess and you can't fight City Hall!!

Exercise, for me, has been a godsend. I've always been a fit individual, and never had a weight problem, actually. I need to move, and by no means am I a hyper-active person. I love the feeling of oxygenated blood, of my runner's high, even the aches and pains that sometimes accompany me from working out. It gives me a sense of control. And it makes me feel wonderful. And by the way, I live for carbohydrates. I need them. I tout them. The Atkins Diet is from hell, and I believe we'll see a dramatic rise in heart disease and medical costs down the road. Carbs are given such a bad name because people don't stay fit the "right" way. If you take in more than you burn off, you gain. It's not the carbs, these people are simply not doing enough. A "stroll" after eating a gonzo burger deluxe doesn't cut it. They need to MOVE. And furthermore, the brain feeds off of glycogen, not proteins and fats.

The cost of medical care is rising, and that is largely due to the irresponsibility of the consumer. The fast food industry, the weight loss industry, the auto industry, the home entertainment industry, and many others, are responsible for making our lives easier and more convenient. It's all done for the customer who demands the magic pill, the instant gratification, the ones who want the easiest way out yesterday. We are the reason for this. And it's not until this market changes, that things will improve. These things will not improve until people can learn to take responsibility, to take control of their lives.

Thanks again for such a compelling article!

YR,
VA Connecticut Healthcare System

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employees was a frequently mentioned topic, as well as methods some centers use to encourage employees to be fit.

It is clear that a national forum to discuss ideas and identify resources is needed. It is also clear that no one discipline "owns" wellness. Wellness champions who have stepped forward in the VA include (but are not limited to) nurses, physician assistants, physicians, health educators, administrators, psychologists, librarians, and chaplains.

Also among the requests was the notion of forming an email group. Accordingly, such a group has now been established (VHA Preventive Employee Wellness) and 38 names have been added so far. To be included in the group, simply contact Connie Lewis or Susi Lewis at the NCP.

A few well-established programs were described and offered as models for others to follow. Criteria that could be used to rate the various models in terms of effectiveness or suitability have yet to be identified. The NCP is considering establishing a field working group to develop strategies for facilitating the availability of wellness services to VA employees. The VA "Wellness Workgroup" would be convened by conference calls to explore the feasibility of this effort, discuss best models, essential partnerships and effective ways of communicating and collaborating to further this work.

Discussions at the NCP about the potentially enormous 'health power' inherent in employee healthy role models led to the development of a proposal, the Healthy Nurses Initiative, from the NCP, Health Care Staff Development and Retention Office, and Office of Nursing service. The proposal described a national program to establish VA nurses as healthy role models for patients and other VA staff. It proposes to strongly encourage nursing staff to practice preventive behaviors and to take advantage of wellness services which would be made available to them. Nurses and other health care workers who model healthy lifestyle behavior could have a great impact on veterans' health and the VA healthcare environment through a culture change which emphasizes wellness. This proposal has been reviewed by the National Nurse Executive Council with a preliminary positive response.

The NCP is extremely enthusiastic about promoting widespread wellness activities for VA employees and patients. In order to update information on the current prevalence of these activities, the NCP will be sending another wellness survey to each facility soon. Let's all work together to make a strong wellness culture in the VA!



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organized and convened a pedometer working group to identify the optimal pedometer design for veterans.

Prevention Coordinator Support. Developed and distributed 12 unique monthly Prevention topics to the field PCs; Continued the monthly PC conference calls, with call-in attendance now at all time high; Organized, coordinated, developed patient/provider materials, and participated in three major VA activities across the nation: National Public Health Week, Women's Health week, and the Veteran's Day "Veterans On the MOVE!" walk/roll/run; Established the Prevention Champion awards, procured nominations, and selected and awarded quarterly Prevention Clinical and Prevention Administrative Champions for all four 03 FY quarters.

Prevention Workforce. Obtained four UNC Preventive Medicine Residents from UNC, three Duke medical students, a Master's nursing student, and one undergraduate student to rotate through NCP, working on NCP prevention projects; Conceived, initiated, designated, co-chaired, and convened six monthly meetings to discuss the establishment of a non-physician Preventive Medicine initiative within VA; Convened a planning committee, designed and developed, then executed the first VA Prevention Coordinator (PC) Training Course, held AUG 03 in Albuquerque, NM, in conjunction with the DOD Force Health Protection annual conference (180 VA Preventionists attended); Developed, staffed through the field, and revised the first PC Training Manual; Began building and expanding VA Prevention Teams, with Physician Assistants, Chaplains, dietitians, psychologists, and health educators joining in.

NCP/Prevention Visibility. With support from the field and Health Educators, got Prevention designated as one of this year's EES priorities for funding; Represented the VHA at the National Obesity Roundtable; Provided the Prevention input regarding weight management at the Mount Sinai Conference on the health monitoring of patients with schizophrenia (accepted for publication in the Am Journal of Psychiatry); Presented abstracts/posters/speeches and/or exhibited at: the American Teachers for Preventive Medicine (ATPM) national meeting; the North American Association for the Study of Obesity (NAASO) annual conference; the Asian Pacific Military Medicine Conference (APMMC, in Bangkok, Thailand – personally funded); the Association of Military Surgeons of the United States (AMSUS) annual meeting, also providing flu shots to 216 attendees; VISN 4 Prevention Roundtable (twice); CDC/ Morehouse School of Medicine/VISN 7 Combined Primary Care Conference; VISN 8 Primary Care Conference; the VHA Leadership Conference. Submitted over a dozen Prevention ads on VA pay stubs as well as HeyVA announcements. Got five new 30 second weight management TV Public Service Announcements produced, in conjunction with UNC School of Journalism; wrote scripts and as well as "acted" in two new VATV Prevention productions. The NCP was a featured article in *US Medicine* journal (APR 03).

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Other Prevention Activities. Negotiated with Health-e-Vet initiative to obtain personnel and develop the materials for the Prevention side of the H-e-Vet website; Attended every US Preventive Services Task Force meeting and reviewed and provided input to every recommendation; Continued as VA liaison with the CDC Community-based Preventive Services Task Force; Continued as VA representative to President Bush's HealthierUS initiative; Continued membership and input into the OQP Clinical Practice Guideline committee and one subcommittee; Became a member of the Performance Measures Work Group; Team member on VA's Office of Public Health's Tobacco-Use-Cessation working group, as well as the TUC Clinical Practice Guidelines working group; Attended innumerable other meetings seeking avenues to promote Prevention.

Oh, there's more, which took huge investments in time, and which resulted in poor pay-offs, but which needed to be done. ...just can't say "No", when it's Prevention and it needs to be done!

As you should see, our achievements were all channeled to address the NCP's battlefield strategy: build an "army"; gather allies; resource the force; and mount offensives that will thwart the enemy Disease. This translates into SIX major NCP goals: 1) Build an NCP workforce and resource the Center – (*get money and manpower, and GET VISIBLE!*); 2) Build a VA-wide Prevention core/corps which will be Champions for SERIOUS Prevention efforts, *not just time-permitting, as-an-afterthought, interventions*; 3) Tackle Prevention projects, *especially behaviorally-based, Primary Prevention services*; 4) Begin our own Prevention Research initiative, *focusing on needs and holes in VA Prevention services*; 5) Explore cross-agency cooperation – *combine forces, force-multiply, eliminate duplication of efforts, and capitalize on what others are already doing!* 6) Meanwhile keep all those other Prevention things spinning.

Our biggest steps this past year were made in building a VA Prevention corps (with the first PC training course and the PC manual), tackling a major prevention initiative (weight management/physical activity), and gaining visibility across the nation (VA, other governmental agencies, and Academia). The steps that the *MOVE!* initiative has been able to take forward because of field support and leadership support have been most encouraging. Other healthcare agencies are all watching curiously as VA unfolds this big project.

We have lagged most significantly in the area of Prevention research. Development and implementation of the Veterans Health Survey (VHS) was mired by obstructions, failures in understanding and communication, and just plain old inefficiency. We are taking the necessary corrective steps to get this essential component of NCP strategy back on track. With the tremendous assistance from Patient Care Services, we have designed and begun advertisement for staffing of an NCP "Data Cell", whose purpose will be to create the machinery

to churn through data, while also creating the instrument(s) to probe the needs and preferences of veterans, as well as the capabilities of VA facilities to address them. An NCP Assistant Director for Prevention Research with established credentials will hopefully be hired within a few short months to oversee the development of a substantive NCP Prevention research thrust.

FOCI? Make no mistake, we're still focused on making an impact on health, preventing disease, and improving Quality of Life. More than ever, we're focused on responding to the needs of the veterans, and responding to the needs of the field to improve Prevention delivery. We're focused on Behavior as it relates to Prevention, recognizing that this is the ROOT of all effective Prevention efforts. The NCP maintains that Behavioral change affects every facet of Prevention. Even the administration of one of the most effective (and simple) preventive services, the flu vaccine, is rooted in behavior.

Remember that everyone needs help in changing behavior and preventing disease. You and I are responsible to give our veterans the necessary weaponry to fight back – to "convince" them of the threat, and to help provide the motivation and guidance to fight the threat. Establishing the importance of Prevention now, as a key component of health care in the VA, makes the absolute best sense in terms of Quality of Life, economics, and health – and helps identify the VA as a Leader in tackling health care as a total service.

You front line fighters out there! Hang on, we're on the way, just over the ridge.

Yevich out!



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**“Veterans on the *MOVE!* –
Making America Stronger”
Veterans’ Day – November 11, 2003
Report of Activities**

The VA National Center for Health Promotion and Disease Prevention collaborated with VA Central Office staff to promote “Veterans on the *MOVE!* – Making America Stronger.”

The following initial information was shared with the field to promote Veterans on the *MOVE!*

- a. We would like **all medical centers to participate.....**
- b. Please **take a team approach**, including the Prevention Coordinator (PC), Physician Assistant (PA), Chaplain, Volunteers, Recreation Therapist, Women’s Coordinator, Director/Associate Director/Chief of Staff and anyone else who may be interested.
- c. **Keep it simple** - organize a walk or other physical activity (30 minutes or less).
- d. Logistics:
 - Decide about local publicity of the event (posters, signs, etc).
 - Set up tables for handouts.
 - Establish walking routes (15-minute route and/or 30-minute route) and time(s) for the walk.
 - Determine a back-up plan for bad weather.
 - Serve as a walk leader.
 - Director, Associate Director, or COS may want to kick-off the event; could lead a walk; or may share a few words about benefits of physical activity; etc.
 - PC or PA - could share a few tips about stretching; some activity is better than no activity; you don’t have to join a gym to get benefits from physical activity; moving slowly is better than not moving; walking for 10 minutes, 3 times a day is just fine; start slow and build up; etc.
- e. **Walk with our veterans and have fun!**
- f. Give each participant a certificate of accomplishment

Fifteen physical activity handouts from the *MOVE!* (Managing Obesity/Overweight Veterans Everywhere) initiative were provided for medical center staff to distribute to patients.

The NCP sent eight pedometers to each Director’s office to be used for this event. Some medical centers indicated they would be giving them away as prizes.

Approximately 4,230 veterans, employees and others participated in this event. This included 20 VISNs and 50 medical centers. Here is an abbreviated list of the facilities that submitted reports, and a sampling of the pictures that were included:

VISN 1
White River Jct, VT

VISN 2
Bath, NY
Canandigua, NY

VISN 3
New York Harbor HCS
Northport, NY
New Jersey HCS
East Orange
Lyons

VISN 4
Altoona, PA
Coatesville, PA
Erie, PA

VISN 5
Martinsburg, WV

VISN 6
Durham, NC

VISN 7
Central Alabama HCS
Montgomery
Tuskegee
Columbia, SC
Decatur, GA

VISN 8
Gainesville, FL
Miami, FL
San Juan, PR

VISN 9
Memphis, TN

VISN 10
Chillicothe, OH
Cincinnati, OH
Columbus, OH
Dayton, OH

VISN 11
Ann Arbor, MI
Battle Creek, MI
Detroit, MI
Northern Indiana HCS

VISN 12
Madison, WI
Milwaukee, WI
Iron Mountain, MI

VISN 15
Poplar Bluff, MO
St. Louis, MO

VISN 16
Fayetteville, AR
Muskogee, OK
New Orleans, LA
Shreveport, LA

VISN 17
San Antonio, TX

VISN 18
El Paso, TX
Prescott, AZ

VISN 19
Denver, CO
Fort Harrison, MT

VISN 20
Anchorage, AK
Roseburg, OR

VISN 21
Manila, PI
San Francisco, CA

VISN 23
VA Central Iowa HCS
Des Moines
Knoxville
Minneapolis, MN
Sioux Falls, SD

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Altoona, PA



Central Iowa Health Care System



Columbus, OH



Central Alabama Health Care System

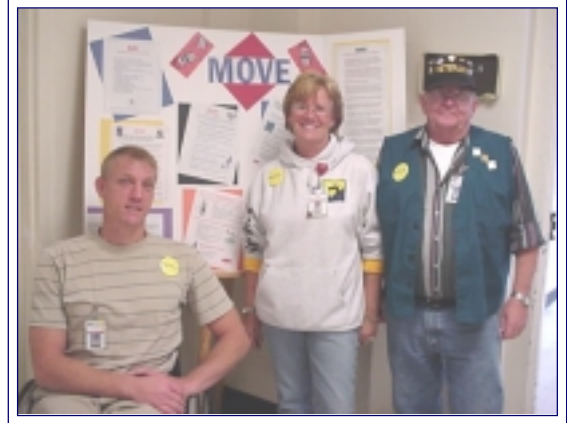


Dayton, OH



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Fayetteville, AR



Decatur, GA



Gainesville, FL



Durham, NC



Northern Indiana Health Care System

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Minneapolis, MN

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New Jersey Health Care System



Prescott, AZ



Roseburg, OR



Poplar Bluff, MO



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San Juan, PR



Shreveport, LA



Sioux Falls, SD

The full report of facilities' Veterans' Day activities will soon be available on NCP's website. Visit the website at www.vaprevention.com to view the completed report.

The Veterans' Day 4K Run

On November 8, 2003, the 24th Annual Veterans Day 4K Run was held on the golf course of the VA Medical Center in Northport, New York. Dennis Golden (Race Director) and the members of the Northport Running Club and the members of Northport American Legion Post 694 coordinated the race, with some help from the Northport VA Medical Center (Joe Sledge, Ann Marie Falcon and Rona Gralla) and with community sponsorship.

The Veterans Day Run has provided competitive runners and fitness-oriented joggers/walkers with an opportunity to celebrate the national holiday in a truly unique setting. More than 400 participants crossed the finish line.



The race featured some special guests, including **Gunnery Sgt. Francis Bergeron** of the 2nd Battalion, 25th Marines. He spoke at the post-race awards ceremony about his experience in Iraq with Operation Iraqi Freedom.

Dr. Steven Yevich, Director of VA National Center for Health Promotion and Disease Prevention (NCP), delivered the welcoming remarks at the ceremony. Staff from the NCP participated in the event (Dr. Mary Burdick and Dr. Richard Harvey). Pedometers with the MOVE! logo were handed out to 200 veterans, and race event T-shirts from the running club, which included the VA NCP logo, were also given to all participants. NCP's involvement in the race is mentioned in articles published by two local newspapers.

The race committee will soon begin to plan for the 25th Annual Run, to be held in November 2004. Comments and suggestions may be directed to:

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(631) 424-7169
E-mail: Veteransdayxc@aol.com



NCP Staff and Rona Gralla (VAMC Northport)



Richard Harvey and Mary Burdick crossed the Finish Line

VA NCP Participates in the 2003 AMSUS Conference

The NCP participated in the Association of Military Surgeons of the United States (AMSUS) – the Society of the Federal Health Agencies Convention held in San Antonio, Texas, in November 2003. Over 5,000 participants from the Army, Navy, Air Force, Public Health Service and the Department of Veterans Affairs joined together to focus on the future of federal healthcare.

The NCP promoted its prevention initiatives at the 3 day exhibit, gave flu shots, networked with federal agencies, premiered five of its newly developed weight management and physical activity promotional videos, and provided healthy snacks and pens as giveaways.

Highlights included:

- Exhibit visit by Dr. Roswell, VA Under Secretary for Health, as well as Dr. Perlin, Dr. Kussman, Cathy Rick, Dr. Irene Trowell-Harris, to mention just a few others
- Visits from the Surgeon General of the United States (VADM Richard H. Carmona) and the Surgeon General of the Army (LTG James Peake)
- Initial visibility of the pilot sites for the national weight management and physical activity program MOVE! (Managing Overweight/Obese Veterans Everywhere)
- 216 flu shots given to conference participants

A thank you is extended to the South Texas Veterans Healthcare Administration - Audie L. Murphy Division for their support to the NCP, especially: Jose R. Coronado, Natalie Sutto, Mary Glancey, Mildred Reed, Guadalupe Leos, Robert Gonzalez, and Patrick McCollum. *Written by: Susi Lewis, MA, RN, Assistant Director for Field Operations, VA NCP (919) 383-7874 ext. 234 (e-mail: susi.lewis@med.va.gov)*



Dr. Steve Yevich and Dr. Robert Roswell



Dr. Mary Burdick, Dr. Michael Kussman



Nurses Mary Glancy and Mildred Reed with
Surgeon General Richard H. Carmona



NCP Staff with Surgeon General Richard H. Carmona



Dr. Jonathon Perlin receiving flu vaccination

VA Weight Management Executive Council

On November 13, 2003, at the Carolina Inn in Chapel Hill, the VA Weight Management Executive Council met face to face for the first time with VA staff from across the nation who are coordinating pilot site implementation of the *MOVE!* program.

Council Members present were: James W. Anderson, MD; Louis Aronne, MD; Charles Billington, MD; Patricia A. Deuster, PhD, MPH; JoAnne M. Foody, MD; Janet Fulton, PhD; Elwood Headley, MD; Bruce Jones, MD, MPH; Karyl Thomas Rattay, MD, MS, FAAP, FACPM; Sue Yanovski, MD. Members who were unable to attend were: Fran Murphy, MD; Terry Bazzarre, PhD, MS; Thomas Wadden, PhD; Sam Klein (who was represented by Robert J. Eckrich)



VA Weight Management Executive Council Members



VA MOVE! pilot representatives

VA pilot representatives present included: Kathleen Alexander, RD, LDN; Beth Dettmer, PhD; Margaret Dundon, PhD; Shirley Gentry, RN, MSN; Jaydene Mathis, NP; Nazir Memon, MD; Cynthia Moriarty, MD; Martha Nelson, NP; Kathleen Ober, NP; Jenny O'Donohue, RN, MSN; Patti Pritchard, RD; Don Reback, PhD; Beatriz (Orduna) Salisbury, MD; Don C. Salisbury, DO; Will Yancy, MD. Farhana Asad, MD, was unable to attend because her flight was canceled due to extreme winds.

NCP staff present for the session included: Steve Yevich, MD, MPH; Mary B. Burdick, PhD, RN; Linda Kinsinger, MD, MPH; Bruce Curran, MA; Richard Harvey, PhD; Susi Lewis, MA, RN; Kristy Straits-Troster, PhD; Rosemary Strickland, RN, MSN.

Dr. Yevich welcomed all to the meeting and led all in introducing themselves. Richard Harvey, NCP leader of the *MOVE!* program, started his presentation with five 30-second promo clips developed by the Center and UNC. He then provided an overview on the current status of the *MOVE!* program. The levels of the program (only levels 1 and 2 are involved in the pilots) were reviewed:

- Level One – Patient educational/instructional materials/telephone follow-up
- Level Two – Weekly on-site group sessions
- Level Three - Weight control medications
- Level Four – Brief residential treatment
- Level Five – Bariatric surgery

Each pilot site representative provided a brief report about their specific facility's status. Several sites already have IRB approval; others are in process. Several sites have worked through computer security issues and shared strategies with others. Several sites already have enrolled patients. Throughout the day, Council members offered suggestions and key issues to be sure were included in *MOVE!* content, strategies for maneuvering through the VA system, and general praise and support of the program.



by: Rosemary Strickland, MSN, RN, Assistant Director for Center Operations, VA NCP (919) 383-7874 ext. 239 (e-mail: rosemary.strickland@med.va.gov)



By the end of the day, plans and actions were falling into place. A list of tasks to be accomplished was identified. Potential subcommittees were also identified as a way to address some of the identified tasks. Council members and pilot representatives were asked to be thinking about which subcommittees they wanted to join. Clearly, providing pilot representatives the opportunity to interact directly led to quicker problem solving and sharing of system insights. The benefits of the face-to-face session were clearly evident, prompting plans for another face-to-face session in approximately three months. **Written**

Get Your Flu Shot Today!

The 3 top reasons to get your flu shot:

- Prevents influenza-related death
- Prevents severe illness
- Protects other people

The crew at the National Center for Health Promotion and Disease Prevention (NCP) are “walking the walk” as they get their flu shots in November 2003. Occupational Health Nurse Steven Nix, RN, at the Durham VA provides this annual service to the staff at the NCP.

The NCP provides guidance and resources to the field to increase public awareness via the Influenza/Pneumococcal Resource Toolkit, which was distributed in the fall of 2002 with an updated version in the fall of 2003. The toolkit offers a PDF downloadable version of the resource manual, which can be accessed at www.vaprevention.com. The resource manual contains the VHA directive for influenza immunization, sample policies and protocols, marketing reminders for patients and staff, CDC Vaccine Information Sheets (VIS) for Influenza and Pneumonia, provider information, and references. Buttons with the logo “Stop the Flu Bug – Get Your Shot,” a 4-minute patient-focused video on the benefits of the flu vaccine, and 16 CDC posters of all sizes were sent to each medical center. The NCP and EES collaborate annually to provide these health promotion products to encourage veterans, volunteers, and staff to get immunized with the influenza vaccination.

It is not too late to protect yourself, your patients, and your family members by getting the flu shot. Typically the best time to get vaccinated is in fall; however it is not too late to get vaccinated in January or later.

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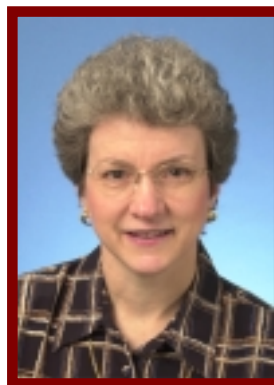


Pictures: Occupational Nurse, Steven Nix, from the Durham VA Medical Center gives flu shots to NCP Staff - Dr. Steven Yevich, Dr. Linda Kinsinger, Tim Saunders, and Dr. Kristy Straits-Troster.

We receive numerous prevention related questions from the field. As Assistant Director for Field Operations, I share these questions with the experts at NCP, who in turn, research and answer the questions. We thought it might be helpful to share questions and answers via a regular column. Let us know what you think as we depend on feedback from you as we tailor our services to meet your needs. Keep your questions coming!

Susi K. Lewis, MA, RN

“Ask Dr. Linda”



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Question #1: There have been several questions regarding the administration of the pneumococcal vaccine, specifically, who gets it and how often; and what to do if the patient is not sure if they have had the pneumovax. Do the risks of repeating the vaccine outweigh the chance of them not receiving it at all?

Answer: NCP endorses the following evidence-based recommendations from the CDC:

Who should get the pneumococcal polysaccharide vaccine (PPV)?

1. All adults aged 65 and older.
2. Adults age 19-64 who have chronic illness or other risk factors, including chronic cardiac or pulmonary diseases, chronic liver disease, alcoholism, diabetes, CSF leaks, or cochlear implants.
3. Adults who are at the highest risk of fatal pneumococcal infection: those who have anatomic or functional asplenia or sickle cell disease or who are immunocompromised due to HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure,

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or nephrotic syndrome or who are receiving immunosuppressive chemotherapy (including corticosteroids) or who have received an organ or bone marrow transplant.

How often should the PPV be given?

1. Once to adults age 65 or older if they have not received an earlier dose.
2. Adults who received a dose before age 65 should receive a second dose after the age of 65 (if 5 or more years have passed since the first dose).
3. Adults at the highest risk of fatal pneumococcal infections (see above) should receive a second dose 5 years after the first dose (regardless of what age the first dose was given).
4. Only 2 doses at most are given; repeat doses every 5, 6, or 10 years are not recommended.

What about repeating a dose if a patient is uncertain of having received it before?

If earlier vaccination status is unknown, patients in the recommended groups should be administered vaccine. NCP note: The vaccine is safe with minimal side effects (other than pain and redness at the site), so the risk of not getting one at all is worse than the risk of getting an inadvertent second dose. Consider giving patients a card to record their vaccination history on. Here's one example: <https://www.immunize.org/adultzcards/index.htm>.

Question #2: In reviewing the recommendations, I have noticed that waist measurement is important. I have noted three different sites for measurement. Which measurement is associated with increased risk of cardiovascular disease? Measuring at iliac crests or finding largest area?

Answer: The directions for measuring waist circumference in the guidelines for managing overweight/obesity from the National Heart, Lung, and Blood Institute are as follows:

Locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin and is parallel to the floor. The measurement is taken at the end of a normal expiration.

Here's a page from the NHLBI website with a diagram: http://www.nhlbi.nih.gov/guidelines/obesity/e_txbk/txgd/4142.htm.

Question #3: Can you provide recommendations for improvement of preventive medicine effectiveness? I am particularly interested in ideas for improved outcomes for those preventive medicine activities currently incorporated in the Network Directors Performance Plan (Smoking Cessation, Immunization, Cancer Screening, etc.), but please do not feel constrained from going beyond these elements of prevention.

Answer: My advice would be to use the Step-by-Step Guide we put together and distributed at the August meeting, as a roadmap for the process of improving preventive service outcomes, following the steps in the manual:

- 1) Put together a prevention team of critical decision-makers and doers to take on this task.
- 2) Determine which preventive services need to be addressed (would start with a short list of highest priority preventive services first, perhaps using Performance Measure results to select where to begin, and then add to it, as the team is able). I would urge the team to assess why the current level of delivery is what it is - what are the problems, barriers, etc. to doing better? Consider factors related to patients, staff and the system - likely there are barriers (and solutions) in all three areas.
- 3) Develop and implement a specific plan to improve that performance, based on the identified barriers/solutions.
- 4) Get buy-in from both top-level administrative people and from the front-line level doers, through meetings, in-service trainings, etc. It's really hard to make lasting changes without high level support (that's a critical component), but it also takes the cooperation of the folks actually doing the work to make it happen.
- 5) After a trial period, check to see what's happened. The ultimate outcome is whether the preventive service performance rate is higher but it is also important to look at process measures - how are patients/staff/system doing things differently?
- 6) Let folks know how it went - what worked and why and what did not work and why. Apply the lessons learned to the next problem to be tackled.

I can't tell your director specifically what to do to improve preventive medicine effectiveness on a macro level. It really takes action on a local/regional level in specific focused areas, but I do believe there are principles that can be learned in trying to improve one preventive service that can then be applied to other areas of prevention.

CME/CEU Opportunities on Obesity Management

The North American Association for the Study of Obesity (NAASO) is pleased to announce its latest series of continuing education events for healthcare providers. Individuals can participate in these programs in one of three ways:

- Phone+Internet - listen to audio feed by telephone while viewing slides by Internet connection
- Internet only - listen to audio feed and view slides by a single Internet connection
- Phone only - listen to audio feed by telephone while viewing materials made available in advance for download from the Internet

The February broadcasts are either at 6:00 PM & 8:00 PM OR 7:00 PM & 9:00 PM on each scheduled date. The March broadcasts are either at 7:00 PM & 9:00 PM OR 8:00 PM & 10:00 PM on each scheduled date. Here's a summary of the broadcast schedules:

02/04 Broadcast Schedule

Feb 10 - 6:00 PM & 8:00 PM
Feb 11 - 7:00 PM & 9:00 PM
Feb 12 - 6:00 PM & 8:00 PM
Feb 16 - 7:00 PM & 9:00 PM
Feb 17 - 6:00 PM & 8:00 PM
Feb 18 - 7:00 PM & 9:00 PM
Feb 19 - 6:00 PM & 8:00 PM
Feb 23 - 7:00 PM & 9:00 PM
Feb 24 - 6:00 PM & 8:00 PM
Feb 25 - 7:00 PM & 9:00 PM
Feb 26 - 6:00 PM & 8:00 PM

03/04 Broadcast Schedule

Mar 1 - 7:00 PM & 9:00 PM
Mar 2 - 8:00 PM & 10:00 PM
Mar 3 - 7:00 PM & 9:00 PM
Mar 4 - 8:00 PM & 10:00 PM
Mar 8 - 8:00 PM & 10:00 PM
Mar 9 - 7:00 PM & 9:00 PM
Mar 10 - 8:00 PM & 10:00 PM
Mar 11 - 7:00 PM & 9:00 PM
Mar 16 - 8:00 PM & 10:00 PM
Mar 17 - 7:00 PM & 9:00 PM
Mar 18 - 8:00 PM & 10:00 PM
Mar 23 - 7:00 PM & 9:00 PM
Mar 24 - 8:00 PM & 10:00 PM
Mar 25 - 7:00 PM & 9:00 PM

- Agenda (same for each seminar):
- Welcome and Introduction (10 min.)
- Obesity as a Disease State (30 min.)
- Treatment of Obesity: Pharmacologic and Nonpharmacologic Approaches (30 min.)
- Questions and Answers (20 min.)
- Educational Objectives (same for each seminar):
- Upon completion of this seminar, participants will be able to:
- Describe the pathophysiology of obesity and its comorbid disorders
- Discuss the relationship of metabolic syndrome and obesity to cardiovascular disease
- Identify appropriate nonpharmacologic and pharmacologic obesity treatments

Physicians participating in these programs can earn 1.5 category 1 credits toward the AMA Physician's Recognition Award.

Other CME/CEU opportunities for health care professionals that NAASO has developed are listed below.

- Online CME programs - from the NAASO website, www.naaso.org, individuals can enroll and participate in 3 CME courses on obesity management. The first program "Office Management of Obesity" was designed exclusively by NAASO. Course information includes the pathophysiology of obesity, diet and counseling suggestions, physical guidelines and reimbursement information. The direct URL for this program is www.obesitycme.org. The other two programs were developed in conjunction with the NHLBI. "Assessment of Overweight and Obesity in Adults" and "Management of Overweight and Obesity in Adults" are presented in case study format and review the importance of weight management, health risks, treatment, weight loss motivations, and appropriate strategies. The direct URL for these programs is www.nhlbi.nih.gov/obesitycme. These programs are all free of charge to anyone who wants to take them and physicians can earn category 1 CME credit for course completion.

Visit NAASO's Website, www.naaso.org, to learn about their new obesity education programs.



The Second Annual Prevention Training Conference "Prevention Today for Healthy Veterans Tomorrow"

As soon as dates and location are confirmed, announcements will be made via e-mail, postcards, conference calls, etc.

MOVE! Progress Report January 2004

The **MOVE!** weight management and physical activity program is progressing smoothly. There are a total of 17 VHA facilities (15 hospitals and 2 CBOCs) serving as pilot sites for the six month implementation trial. Pilot facilities will enroll a minimum of 30 patients each. Sites will offer patients a multidisciplinary and individualized weight management plan that may include group classes and individual counseling. All **MOVE!** patients will complete a computer generated assessment questionnaire designed specifically to assess behavior and health habits related to weight management. This will create both a customized patient profile and staff report that can be pasted into CPRS. Routine follow-up and guidance from **MOVE!** staff is another feature of this unique health care system pilot program.

Currently 9 sites have enrolled patients in **MOVE!** with the remaining 8 sites expected to enroll patients within the next 2 months. Our newest pilot site is in Baltimore, MD, under the guidance of Principal Investigator Jacob Blumenthal, MD. Assisting Dr. Blumenthal will be Co-Investigators: Andrew Goldberg, MD; Leslie Katzel, MD; Marianne Shaughnessy, PhD; and study coordinator Dettrick Stith, MS. The Baltimore pilot will utilize their Geriatric Research Education Clinical Center (GRECC) to provide services for the **MOVE!** pilot study. Dr. Blumenthal and colleagues will examine mechanisms by which:

1) exercise, nutrition and rehabilitation interventions reduce CVD risk factors in older veterans with abdominal obesity, hypertension, hyperlipidemia and type 2 diabetes mellitus

2) weight loss and exercise training improves functional capacity in older patients with stroke or peripheral arterial occlusive disease.

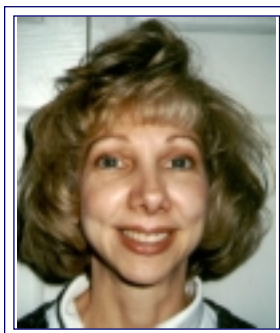
The Center is excited to be a part of this nationwide health care system pilot addressing overweight and obesity in the VHA patient population. For more information on obesity treatment please see the recently released USPSTF Obesity Screening recommendations on our website at

vaww.nchpdp.med.va.gov or at www.ahrq.gov/clinic/3rduspstf/obesity/obesrr.htm.

**Written by: Virginia Zele, RD, MOVE Coordinator, VA NCP
(919) 383-7874 ext. 229 (e-mail: virginia.zele@med.va.gov)**

First Quarter Prevention Champion Winners

Clinical "Hands On" Prevention Champion



**Melanie Erskine, RN
Clinical Nurse Specialist
VA Pittsburgh Healthcare
System**

Ms. Erskine has successfully coordinated a weight management program for the VA Pittsburgh Healthcare System, which she designed and implemented. As the program's reputation grew, so did the number of veterans that she now serves. She is consulted by several outlying satellite clinics, in addition to four major divisions of the VA system.

Ms. Erskine runs a 2 week, 12-session series. Veterans and their spouses complete the weekly series and are included in a monthly follow-up support group. She also designed a program for the bariatric candidate and started a support group for the veterans who undergo bariatric surgery so as to maximize successful outcomes.

Because of her dynamic, high energy and interpersonal style, Melanie has been successful in promoting and maintaining an active weight management program, which boasts an 80% success rate for veteran weight loss.



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Administrative "Behind the Scenes" Prevention Champion



Patsy Ellis
Medical Librarian
VA Medical Center, Mountain Home, TN

Ms. Ellis provides on a regular and recurring basis displays of education materials for patients and staff; these displays are located in areas of high visibility and with frequent traffic so that there are more opportunities for patient and staff education.

Ms. Ellis accesses and makes available free materials from various sources for the education displays. She works collaboratively with the Prevention Coordinator and they have developed materials, displays, and resource sessions for health promotion and disease prevention issues. They have participated in many national initiatives such as Public Health Week, Veterans on the MOVE!, and local health fairs and activities. As a strong advocate of the right to know, Ms. Ellis has also introduced patients, their families and staff to reputable and reliable patient education websites at the Health Fairs utilizing handouts and laptop computer applications.



Team Prevention Champion Award **Nutrition and Food Service Dietitian Team** **VA Hospital, Hines, IL**

The dietitians at Hines VA Hospital were nominated for their efforts in coordinating a weight loss contest for VA employees at their facility. Participants in the contest were employees from all departments of the hospital. The contest was modeled after the weight loss contest promoted on the Today Show, which had teams from different cities across the country competing with each other to lose the most weight and body fat. In order to compete for prizes, contestants had to sign up with a group of three individuals and give themselves a team name. All participants had their weight, body fat and abdominal girth measured by the dietitians and dietetic interns. Each team was assigned a dietitian coach who was available as a mentor to guide them in their weight loss attempts. Six weeks after the initial measurements were taken, weight, body fat and abdominal girth were re-measured. For every pound, every percentage of body fat and every inch lost, the participant would get one point. Once per week during the six weeks, brown bag seminars on nutrition topics such as portion distortion, food cravings, exercise, reading food labels, etc., were offered by the dietitians. The staff and interns organized and led advanced and beginning walking groups throughout the six weeks.

Three hundred employees participated in the contest at the onset. One hundred and eighty-seven participants returned for post measures (62%). There was a grand total of 989 pounds lost, 193% of body fat lost, and 266 inches lost at the conclusion of the contest. Awards were given to the winning team at a ceremony with a Mardi Gras theme of "Thin Monday."

Staff who worked at the Weight Loss Contest: **Dietetic Staff** - Kathy Ambrose, Lisa Attento, Maureen Cannon, Sharon Foley, Melisa Gibel, Kelvin Gilkey, Katie Heintz-Miller, Carrie Hintzke, Micah Horvitz, Margaret Johnson, Lisa Kopolinski, Nan Lenon, Julie Mayhew, Jane Moen, Christine Schenck, Leah Sidkey, Nicole Spinks, Deborah Stamenkovich, Siobhan Wallner; **Interns** - Witney Abramic, Melissa Bailey, Sara Bucher, Amanda Damm, Kathy Gorman, Dana Holland, Beth Hovel, Jolanta Koziana, Cory Meeder, Biranne Verrill, Lori Walters; **Secretaries** - Joyce Ellison, Rosemarie Mikrut



Making a Difference in the Year 2004 Prevention Champion

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **National Prevention Champion Award**, which will be presented to one VA employee per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration*

Name of Nominee: _____

Where Employed: _____

Service, Department, Unit	Work Phone #	Email Address
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Immediate Supervisor: _____

Printed Name	Signature	Work Phone #
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Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♥ Someone who has made significant contributions in the field of health promotion and disease prevention (clinical, education, research)
- ♥ Someone who has done an excellent job in a function or on a project related to prevention/health promotion
- ♥ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in prevention/health promotion to veterans served
- ♥ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen
- ♥ Team awards will be considered in FY 2004

The winners will receive:

****A Special Award****Recognition in the HealthPOWER! Prevention News and the Magazine of Ambulatory and Primary Care****Recognition at the Annual Prevention Conference****Recognition on the NCP Website showcasing accomplishments****An opportunity to visit the National Center in Durham, NC.**

1st Quarter

Submission deadline: November 15, 2003
Award announcement: December 15, 2003

2nd Quarter

Submission deadline: January 30, 2004
Award announcement: March 15, 2004

3rd Quarter

Submission deadline: March 30, 2004
Award Announcement: May 15, 2004

4th Quarter

Submission deadline: July 30, 2004
Award announcement: August 15, 2004

You may submit nomination forms via:

Website: www.vaprevention.com

E-mail: susi.lewis@med.va.gov

Fax: 919-383-7598

Mail: NCP

Attn: Susi Lewis

3000 Croasdaile Drive

Durham, NC 27705

Questions? Please call 919-383-7874

Ext. 233 (Connie) or Ext. 234 (Susi)

VA National Center for Health Promotion
and Disease Prevention

3000 Croasdaile Drive
Durham, NC 27705

Putting Prevention Into Practice in the VA